INP

Section II

Initiating, Keeping, and Disposing of Inpatient Treatment Records

8-3. **General**

An ITR will be initiated when a patient is admitted or is a CRO case. (See para 3-17 for information on CRO cases.) The ITR will be prepared and reviewed per this regulation and locally established procedures.

8-4. North Atlantic Treaty Organization Standardization Agreement 2348 requirements

The ITRs of NATO personnel who are treated by Army MTFs are prepared in the same manner as ITRs for other patients. (This requirement also applies to DD Form 1380 and DD Form 602.) In addition, the policies listed in a and b below apply to NATO personnel.

a. Copies of an ITR and associated inpatient documents, including x-rays, will accompany a NATO member who is transferred to a hospital of another nation. When he or she is discharged from an Army MTF, the original ITR will be sent to his or her national military medical authority. (See AR 40-400, table 2-5, for a list of these authorities.) Sometimes DA Form 1380 or DD Form 602 (STANAG 2132) will be prepared as well as an ITR. If so, copies of these forms will go with the copy of the ITR. The original DD 602 should be stapled to the SF 502.

b. The amount of information put in an ITR should be standard for all forces. All items normally recorded for U.S. personnel will be recorded for NATO personnel. In addition, the marital status of the NATO member will be recorded.

8-5. Inpatient treatment records of absent-without-leave patients

The ITR of a patient who has been AWOL for 10 consecutive days will be closed and disposed of per file numbers 40-66f (military ITRs) and 40-66i (NATO personnel ITRs). (See AR 25-400-2 and table 2-1 of this regulation.)

8-6. Five-year inpatient treatment record maintenance

Medical centers will keep ITR files for 5 years. These centers are--

a. Brooke Army Medical Center, Fort Sam Houston, TX 78234-6200.

b. Fitzsimons Army Medical Center, Aurora, CO 80045-5550.

c. Madigan Army Medical Center, Tacoma, WA 98431-5055.

d. Tripler Army Medical Center, HI 96859-5000.

e. William Beaumont Army Medical Center, El Paso, TX 79920-5001.

f. Walter Reed Army Medical Center, Washington, DC 20307-5000.

g. Dwight David Eisenhower Medical Center, Fort Gordon, GA 30905-5650.
h. Womack Army Medical Center, Fort Bragg, NC 28307-5000.

8-7. Access and audit trail

Access must be given to ITRs on file or to cases having register numbers. In addition, a record audit trail must be kept. The two indexes described in a and b below will be kept for these purposes. When an automated database (for example, Automated Quality of Care Evaluation Support System (AQCESS) and CHCS) is used to consolidate the admission and disposition history of individual inpatients, a manual inpatient nominal index is no longer necessary.

a. Nominal index. The nominal index will include a card for each patient assigned a register number. Each card will list the patient's name, SSN with FMP, and register number. The cards will be filed alphabetically by last name. If the patient is transferred, the date of transfer and the name of the receiving MTF will be noted on the card. In the case of a readmission, information from previous admissions will be attached to or recorded on the current card. A manual nominal index is not required in those facilities maintaining AQCESS, CHCS, or other automated patient data systems.

b. Register number index. MEDDACs will maintain a register number index for 5 years. MEDCENS do not need to maintain this index because the ITRs are maintained at the MEDCEN for 5 years. The register number index will include a copy of DA Form 3647 for each patient assigned a register number. A copy of SF 502 (when prepared) may be attached to DA Form 3647. This index will be kept in register number sequence. For transfer cases, a copy of the transmittal form will be attached to DA Form 3647.

8-8. Disposition of inpatient treatment records

a. Inpatient transfer. When a patient is transferred to a U.S. Army MTF, to an Air Force or Navy MTF, or to a DVA Medical Center, a copy of the ITR will be sent along and will become a part of the receiving MTF's ITR (para 8-2b(2)). As a minimum, this copy should include SF 513, DD Form 2161, SF 504, SF 505, SF 506, SF 535, SF 517, SF 515, SF 509 (2 weeks prior to transfer), DA Form 3647 or CHCS automated cover sheet, SF 502, lab reports, and diagnostic reports (radiology, ultrasound, and echocardiography). When a patient is moved to another type of MTF, extracts, summaries, or copies of the ITR will be sent; the original ITR will be kept by the Army MTF and disposed of per AR 25-400-2, file numbers 40-66f (military ITRs), 40-66g (civilian ITRs), and 44-66i (NATO personnel ITRs). (See table 2-1.)

b. Microscope slide transfer. Copies of slides of surgical specimens will go with the ITR of a patient being transferred to another hospital. They will be sent when the histopathologic findings have a direct bearing on diagnosis and treatment. (See AR 40-31/BUMEDINST 6510.2F/AFR 160-55, para 14j.) In such cases, the attending physician will tell the patient administration division that the slides are to go with the patient. On the cover sheet, the patient administrator will enter "Copy of microscope slide (or number of microscope slides) forwarded with copy of ITR" and will then send the slides with the patient's records. If the patient is a "transient" (that is, en route to another hospital), the patient administrator will send the slides with the ITR when the patient departs.

c. Normal retirement procedures. For these disposition instructions, see AR 25-400-2, file numbers 40-66e (foreign national ITRs), 40-66f (military ITRs), 40-66g (civilian ITRs), and 40-66i (NATO personnel ITRs). (See table 2-1.)